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## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(Use as many sheets as necessary)*

<i>Complete if Known</i>	
Application Number	09/657,041
Filing Date	September 5, 2000
First Named Inventor	Leonard PINCHUK
Art Unit	3731
Examiner Name	Ryan J. Severson
Attorney Docket No.	BSI-430US8

SHEET 1 of 2

U.S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>2</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> (If Known)	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		EP 0 508 473 A2	10/14/1992	Endovascular Technologies, Inc.	<input type="checkbox"/>
		WO 95/16406	06/22/1995	Vorwerk et al.	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
Examiner				Date Considered	

**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Initial in new form with next examination. AAspinwall

<sup>1</sup>Applicant's unique citation designation number (optional).

<sup>2</sup>See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04.

Enter Office that issued the document, by the two-letter code (WIPQ Standard St.3).

**For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number.**

**Kind of document by the appropriate symbols as indicated on the document under V**

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## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

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SHEET 2 of 2

**Complete if Known**

Application Number	09/657,041
Filing Date	September 5, 2000
First Named Inventor	Leonard PINCHUK
Art Unit	3731
Examiner Name	Ray J. Severson
Attorney Docket No.	BSI-430US8

## NON-PATENT LITERATURE DOCUMENTS

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**1** Applicant's unique citation designation number (optional).

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